

Action Document for EU Trust Fund to be used for the decisions of the Operational Board

1. IDENTIFICATION

Title/Number	Expanding and Equipping Ministry of Health facilities impacted by the Syrian crisis in Jordan		
Total cost	Total estimated cost: EUR 11,500,000.00 Total amount drawn from the Trust Fund: EUR 11,500,000.00		
Aid method / Method of implementation	Project approach - Indirect management with the United Nations Office for Project Services (UNOPS)		
DAC-code	J ₂₂₅ Q	Sector:	Basic health infrastructure

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

Based on the Health Sector Vulnerability Assessment, the Jordan Response Plan (JRP) for 2017-2019 suggests that 22% of the population in Jordan face challenges accessing services, as the existing healthcare centres serve more people than the national standard of one centre per 60,000 people. Furthermore, only 40 percent of refugees living outside camps currently have access to health care services, leaving over 300,000 people with uncertain access. There is therefore an ongoing need to support, as set out in this action document, the Ministry of Health (MoH) with additional infrastructure as well as equipment to meet the increased demand for health care services.

The **overall objective** of this action is to assist the Jordanian Ministry of Health (MoH) in improving the health status of Jordanian host communities and Syrian refugees by meeting humanitarian health needs, promoting resilience, and strengthening the national health system and services.

This objective is embedded in the priorities of the Jordan Response Plan for 2017-2019, which integrates the humanitarian and resilience approach of the Government of Jordan in all sectors and areas impacted by the influx of Syrian refugees to Jordan¹. The specific objective is to increase equitable access, uptake, and quality of secondary and tertiary healthcare for Jordanians and Syrians in impacted areas and particularly on expanding and equipping emergency departments in three public hospitals in Jordan, in conformity with the JRP Health Sector Specific Objective.

In line with the Madad Fund Overall Objective "to provide a coherent and reinforced aid response to the Syrian crisis on a regional scale, responding primarily to the needs of refugees from Syria in neighbouring countries, as well as of the communities hosting the refugees and

¹ [Jordan Response Plan - JRP 2017-2019 for the Syria crisis](#), formulated by the government, UN Agencies, Donors, and NGOs and endorsed 12 January 2017.

their administrations, in particular as regards resilience and early recovery", the Action will contribute to the Specific Objective 3 of the current Result Framework².

2.2. Context

2.2.1. Country context

According to the latest census (2015) there are 1,265,514 Syrians registered and unregistered in Jordan. Since the start of the crisis and based on the most recent UNHCR figures, 659,828 Syrian have registered as refugees with UNHCR in Jordan; around 78% of the refugees are currently residing in host communities, while 22% reside within camps³. The northern governorates, Mafraq and Irbid, have witnessed an influx of Syrian refugees, equalling 38% and 19% of their total populations⁴.

As a result of the significant influx of Syrian refugees and the increased demand on the already over-extended social services system, the livelihoods and access to quality public services in the host communities in Jordan have been detrimentally affected. The impact on the social services is particularly acute among the most vulnerable segments of the Jordanian population, an important portion of which reside in the governorates that host the highest numbers of Syrian refugees. Overcrowded health centres and schools, overstretched water, sanitation, and municipal services, as well as pressures on the environment, labour and housing markets have left Jordanians feeling increasingly disenfranchised and neglected.

The Government initially granted Syrian refugees free access to local public goods and services including schooling, healthcare, municipal and social services, food and fuel/electricity subsidies, as well as access to water supply and sanitation. However, due to funding constraints, the MoH had to stop granting free access to health services for Syrian refugees in November 2014, and since then the Syrians have had to pay the uninsured Jordanian rate for medical services. This has become a significant problem for an already vulnerable population, as life for families outside the structured support systems of refugee camps has become increasingly difficult and the refugees living outside of camps are increasingly unable to pay for medical treatment and access health services.

In December 2014, the Government of Jordan launched the Jordan Response Plan, JRP 2015, a comprehensive one-year programme designed to meet the needs of both refugee and host communities within the framework of a single, coordinated, and nationally-led response, for an amount of USD 2,9 billion. The JRP then progressed into a three-year rolling plan, the JRP 2016-18, aligned with the priorities of the Executive Development Plan (EDP) 2016-2018, and the Governorate Development Plan 2016-2018. The total request of USD 7,99 billion aimed to ensure that critical humanitarian measures and medium-term interventions were better integrated, sequenced and complemented. For all key sectors, the approach included the continuation of humanitarian assistance to cope with the immediate needs of refugees, while simultaneously strengthening systems to maintain and restore quality and extend the coping capacity of the population.

During the 2016 'Supporting Syria and the Region' conference in London, Jordan signed the Jordan Compact with the aim to transform the refugee crisis into a development opportunity. Main commitments include attracting new investments and open up the EU market with

² https://ec.europa.eu/neighbourhood-nlargement/sites/near/files/eutf_madad_results_framework.pdf

³ [Inter-agency Information Sharing Portal](#). UNHCR

⁴ [Population stands at around 9.5 million, including 2.9 million guests](#), The Jordan Times, 30/01/2016

simplified rules of origin, with the aim to create jobs for both Jordanians and Syrian refugees, and providing access to formal education to 50,000 Syrian children by school year 2016-2017.

A revised JRP 2017-2019 was launched on 12 January 2017, with a total budget requirement of USD 7,64 billion for the three year period. The JRP 2017-2019 which integrates refugee and resilience responses into one comprehensive vulnerability assessment and one single plan for each sector, brings the resilience of both people in need as well as the national system, at the core of the response. The JRP2017-19 also incorporates the policy decisions taken by the Government of Jordan in London on both livelihood and education becoming the most comprehensive plan for addressing the Syria crisis in Jordan.

2.2.2. Sector context: policies and challenges

Jordan before the crisis was well known regionally as well internationally for its high quality medical services. Jordan was indeed one the leading medical destinations with highly competitive pricing of receiving medical treatments and a solid private health sector making more than one third of the total expenditure of health pre-crisis⁵. However, already at the early beginning of the Syrian influx, rising oil prices, in addition to inflation, the weak economic performance and the already over-stretched Government budget anticipated a decline in the level and quality of health services provided in the long term with only the private sector having a role to compensate. The Syrian crisis and the influx of refugees therefore, have unfortunately overburdened the public system with heavy consequences.

In recent years, Jordan has undergone a significant epidemiological transition towards non-communicable diseases (NCDs), whereby premature NCDs mortality has increased compared to the global average. Jordan is also experiencing a declining crude death rate and changing population demographics. This demographic shift is placing an increasing burden on healthcare services, with increased rates of NCDs, disability, and mental health problems. Health indicator values have decreased in 2015 and significant vulnerabilities still exist for maternal and child health, in addition to a shortage of human resources in the health sector⁶.

There is an ongoing need to further strengthen the Ministry of Health through support for consumables, equipment, infrastructure, and human resources, and to promote resilience within the national health system. These measures are required to cope with intensified demand for health services from refugees and the changing population demographics.

The 2016 JRP sought to ensure targeted interventions for refugees from the moment they arrive in Jordan. This included responding to the immediate health needs of new arrivals, and the subsequent access to comprehensive primary and essential secondary and tertiary health services. In this sense, support was foreseen for community health facilities within camps and urban areas as well as essential secondary and tertiary health services were to be provided to refugees on a regular basis. These services include support for war-related injuries, acute medical and surgical conditions, and direct/indirect provision of obstetric and neonatal services. The health sector of the JRP 2016 received a total of USD 124,87 million to support activities as of November 2016 (out of the overall three years request of USD 532,28 million). According to the 2016 vulnerability assessment for the Health sector, and despite the previous

⁵ Jordinvest, [The Health Sector in Jordan](#), September 2012.

⁶ [JRP 2017-2019 for the Syria crisis](#), formulated by the government, UN agencies, donors, and NGOs, and endorsed 12 January 2017.

achievements, a further 2,886 hospital beds and 22 comprehensive medical centres were identified as needed, in particular in Zarqa, Irbid, and Amman⁷.

The JRP 2017-2019 health sector response is aligned with the Jordan 2025 National Vision and Strategy, and the National Strategy of Health Sector in Jordan 2015-2019. The JRP 2017-2019 includes USD 506,4 million for the Health sector.

The overall objective of the health sector initiatives in the JRP 2017-2019 is to improve the health status of Jordanian host communities and Syrian refugees by meeting humanitarian health needs, promoting resilience, and strengthening the national health system and services. Short-term critical needs of Jordanians and Syrian refugees involve primary, secondary, and tertiary health services in camps, rural and urban settings, and systematic investments that reinforce the capacity of the national health system. Improving emergency services is an essential element of the strategy. The main challenges of the health sector can be summarized as follows⁸:

- Increased demand for emergency health services, which exceeds the capacity of the public health sector, especially in northern governorates. For example, the volume of work in health centres in the northern governorates has increased from 9 to 50% and the bed occupancy rate in Mafraq Public Hospital and Ramtha Public Hospital reached 100%;
- Limited emergency health resources for Jordanians and Syrians. For example, bed availability rates were 18 beds per 10,000 citizens pre-crisis, and this number has now decreased to 14 beds per 10,000 people;
- High pressure on human resources, medical staff, hospitals infrastructure, and health facilities; for example number of physician per 10,000 has dropped from 29 to 22 after the crisis.
- Lack of health personnel and medical supplies and mainly in Emergency units; and,
- Increased risk of spreading communicable disease, especially in the host communities, which subsequently increases the need for additional vaccination campaigns.

2.3. Lessons learnt

In the past, public services such as health facilities were designed to meet the needs of the local population. However, the protracted crisis in Syria and its impact on Jordan and its social services warrants the need to plan services that can accommodate the pressures during crisis and emergencies without negatively impacting the Jordanian population. However, one of the main issues impeding accurate analysis is the under-reporting of hospital cases. The challenge is amplified by the fact that hospital personnel are working at full capacity, and not allocating time or resources to documenting the services has been made apparent throughout assessing the needs of hospitals.

Based on lessons learnt, this lack of data and reporting causes misleading analysis that do not reflect the actual situation per hospital, and therefore makes it difficult to identify exactly where interventions are most necessary. Therefore, to properly plan for and implement the

⁷ [JRP 2016-2018 for the Syria crisis](#)

⁸ [The National Strategy for Health Sector in Jordan 2015- 2019](#). The High Health Council, The Hashemite Kingdom of Jordan.

expansion and equipping of emergency departments in public hospitals serving the needs of Jordanians and Syrians, the following should be in place:

- Develop construction designs that are resilient to shocks and stresses.
- Plan for long-term needs.
- Support the imminent health needs to provide the first response for health emergencies to Jordanians as well as Syrian refugees.

Currently, the design and strategy of the proposed project builds upon the Ministry of Health (MoH) experience in supporting, managing, and setting standards for the health facilities across Jordan.

MoH is supervising 32 hospitals, and over 600 comprehensive, primary, and maternal and child healthcare centres. Furthermore, from the outset of the crisis in Syria, the MoH has facilitated the access of Syrian refugees to Jordanian health facilities and continually strives to meet the increasing demand. The project further builds upon the United Nations Office for Project Services (UNOPS) experience in working with, and providing support to the response to the Syrian refugee crisis in Jordan through project management, procurement and infrastructure.

UNOPS as the mandated UN agency for infrastructure, procurement, and project management develops and maintains Lessons Learned Logs for all projects in order to track ways to improve project implementation in the future. Based on these lessons learnt there will be a strong emphasis on regular communication with relevant authorities to ensure timely and coordinated implementation of all aspects of the projects. Also the project planning is to be done in a manner that builds in the training element for timely handover of the project components requiring specific training and capacity enhancement for effective and efficient utilization of all equipment procured.

2.4. Complementary actions

This action is complementary to other interventions aimed at supporting the health sector in Jordan, while noting that health is not a focus sector of the EU response in Jordan under the EU-Jordan Single Support Framework.

Within the humanitarian response to the Syrian crisis, ECHO has been supporting different partners that are implementing programmes focusing on the provision of primary healthcare, reproductive health services (including antenatal and postnatal care and ensuring safe delivery), and comprehensive management of Sexual Gender Based Violence cases (case management and psychosocial support for women and girls including teenagers). ECHO will now continue to assist those refugees with no access to healthcare due to unresolved protection issues as well as those residing in camps where health services are exclusively funded by donors and implemented by UN and NGOs⁹.

The Madad Fund support to the health sector in Jordan includes for the time being two projects currently at the final stages of negotiation, aimed at increasing access and strengthening local capacity to deliver general primary health care. The two interventions will

⁹ DG NEAR DG ECHO and EEAS, Joint Humanitarian Development Framework - JHDF for Jordan 2016-2017, June 2016.

target reproductive health and psychosocial services in host communities particularly in support to those, refugees and non, affected by Sexual Gender Based Violence and/or conflict through community driven work, targeted cash assistance and health education activities.

Structural support to the Government of Jordan health system, which falls outside the scope of ECHO and has not so far being targeted by the Madad Fund, has been provided by few donors. Among the recent donor initiatives in response to the JRP 2015 and 2016-2018, and aimed at infrastructural support, the following are key contributions:

- USAID is the main donor in the sector with a portfolio of USD 228 million over 5 years (2015-2021). The focus of USAID investment is on system strengthening providing technical assistance on health financing - trying to revitalise the insurance scheme - and working on the public information system in 52 facilities around the country. Also, USAID is working on upgrading health centres and hospitals - working as well on upgrading the emergency department in al Basheer hospital one of the main public facilities in Amman - and on mother and child care programmes.
- the Kuwait Fund for Arab Economic Development (USD 28,6 million) is contributing to the construction and equipping of healthcare centres, the provision of ambulances and the expansion and equipping of emergency departments at hospitals in Irbid (Princess Badia) and Balqa (Prince Hussein) and the rehabilitation of Al-Basheer buildings;
- the Saudi Fund for Development (USD 12 million) is contributing to the expansion and equipment of emergency departments at hospitals in Irbid (Princess Raya), Balqa (Princess Iman), Madaba (Al-Nadeem), and Zarqa (Prince Faisel) and the rehabilitation of Al-Basheer buildings;
- the Japanese International Cooperation Agency (JICA) is providing medical equipment to Prince Hamza hospital and other hospitals and healthcare centres; and
- the Korean International Cooperation Agency (KOICA) is contributing to the construction of three healthcare centres.

2.5. Donor co-ordination

Donor coordination is done through the Ministry of Planning and International Cooperation, (MoPIC), who leads on all aspects related to the Jordan Response Plan implementation.

Within the JRP, the Health Sector Task Force is composed of the lead ministry (MoH), a lead donor (USAID), and lead UN agency (WHO, with UNHCR, UNICEF, UNFPA as co-leads), and its purpose is to inform decision-making.

At the project implementation level, donor coordination is led by MoH and the Planning Administration Directorate Team for continuous follow-up and updates on interventions.

However, while MoH collaborates directly with the donor during project implementation, the funding and official correspondence are channelled through MoPIC.

In line with the JRP, and as indicated in section 2.4 above, the MoH has received grants from multiple donors over the past two years to help cover health needs and promote resilience. Donors working in and supporting the health sector in Jordan are USAID, Canada, Denmark, France, Germany, Italy, Japan, Korea, Kuwait, Netherlands, Saudi Arabia, Spain, Sweden,

Switzerland, and the United Kingdom.

3. DETAILED DESCRIPTION

3.1. Objectives

The Overall Objective to which this action intends to contribute is to assist the Jordanian Ministry of Health (MoH) in improving the health status of Jordanian host communities and Syrian refugees by meeting humanitarian health needs, promoting resilience, and strengthening the national health system and services¹⁰.

This objective is embedded in the priorities of the Jordan Response Plan (JRP) for 2017-2019, which integrates the humanitarian and resilience approach of the Government of Jordan in all sectors and areas impacted by the influx of Syrian refugees to Jordan¹¹.

In addition in light of the COVID-19 outbreak, the action will contribute to the National COVID-19 Preparedness & Response Plan 2020 for Jordan.

3.2. The specific objectives

The JRP Health **Sector Specific Objective** (SSO) which this action will contribute to is:

- Increased equitable access, uptake and quality of secondary and tertiary healthcare for Jordanian and Syrian WGBM (Women Girls Boys and Men) in impacted areas¹².

3.2.1 Expected results and main activities

The expected project results are:

Result 1 : Emergency departments in the three public facilities of Jamil Tutunji Hospital in the Sahab district of Amman, Al Ramtha Hospital in Irbid, and Al Ruweished Hospital in Al Mafraq are expanded and equipped.

This result is fully aligned with Resilience project summary sheet (PSS) 2.4, 2.5, and 2.6 included under the Health Sector of the JRP 2017-2019 and the National COVID-19 Preparedness and Response Plan.

Description of main activities:

Site visits were conducted in October 2016 by MoH and UNOPS to Jamil Tutunji Hospital in the Sahab district of Amman, Ramtha Hospital in Irbid governorate, and Ruweished Hospital in Mafraq governorate. These visits confirmed the needed activities and helped to better understand the situation for each hospital.

In light of the COVID-19 outbreak, UNOPS will procure essential health supplies including consumables and PPE for healthcare providers working in the three targeted hospitals.

¹⁰ This is the sector overall objective as per [JRP 2017-2019 for the Syria crisis](#), page 87.

¹¹ [JRP 2017-2019 for the Syria crisis](#), formulated by the government, UN Agencies, Donors, and NGOs and endorsed 12 January 2017

¹² This is sector specific objective n 2, [JRP 2017-2019 for the Syria crisis](#), page 87.

Jamil Tutunji hospital

The Jamil Tutunji hospital is one of the three main governmental hospitals in Amman and it is located in the south eastern side of Amman with around 500,000 people accessing the services, of which 70,000 are Syrian refugees living in host communities. Due to its close proximity, the hospital also serves emergency cases from Azraq camp. Based on MoH records, the hospital that has an overall capacity of 140 beds, in 2015 received 1,650,000 total cases. Currently, there are approximately 700 visits per day to the hospital emergency department, of which 200 visits are made by Syrian refugees.

Expanding and equipping the emergency department of Jamil Tutunji Hospital by 36 beds would allow the emergency room to better meet the increasing needs.

The proposed works will include the design, construction and equipment of a new emergency building in a separate location adjacent to the existing hospital, where the available plots of land have been identified. A photovoltaics (PV) system will be designed, constructed, and installed to provide needed electricity in a sustainable and innovative way. Also, a wastewater treatment compact unit will be procured and installed in the external yards to treat the generated wastewater and reuse the treated water for irrigation of the green areas around the hospital and the new emergency building. External solar lights will be installed in the new parking area. Solar water heaters will also be installed in the building to provide hot water in a sustainable way.

An emerging need for this hospital is the design and construction of biomedical waste treatment unit. The hospital has an existing incinerator, however, this unit is old and the emissions affect the environment and the patients' health. The project will also include rehabilitation of the existing rooms that are used currently for emergency purposes, in order to qualify this space to be used as part of the hospital again. In addition, rehabilitation works will include rehabilitation of the sterilization section at the hospital, and the replacement of the Heating, Ventilation and Air Conditioning (HVAC) system for the emergency department, including provision of needed equipment for both.

The Tutunji hospital is currently in the list of facilities to be supported by USAID for system information strengthening.

Ramtha Hospital

The Ramtha public hospital in the Irbid governorate serves around 240,000 individuals, of which approximately one third are Syrian refugees (around 70,000 people) living in the surrounding host communities, as noted in the 2015 Jordan census. A team Médecins Sans Frontières team is currently working in the hospital, treating war-wounded people.¹³

Due to the high number of Syrians, an urgent need has arisen to expand the emergency unit in the existing hospital. The statistics for year 2015 show that 8,633 visits were made by Syrian patients, of which 4,076 were specifically to the emergency room. The number of clinic visits from the Syrian refugees to the MoH clinics in Ramtha was 10,270 during 2015. Cases include communicable diseases, emergency births, heart attacks, snake and scorpion bites, and severe asthma.

¹³ The number of surgeries and treatments has dropped considerably since the closure of the border. See [Jordan: Border closure forces MSF's clinic for war-wounded Syrians in Zaatari refugee camp to shut](#), MSF, 07/12/16

Expanding and equipping the emergency unit of Ramtha Hospital would enable the emergency department to meet the increasing needs, for both Syrians and Jordanians.

The proposed works will include the design and construction of a new emergency unit expansion adjacent to the existing hospital. As for the other hospitals, the external works in Ramtha Hospital will also include a photovoltaics (PV) system, solar water heaters, and a wastewater compact treatment unit. External solar lights will be installed in the new parking area.

The project will also include the rehabilitation of existing rooms that are currently used for emergency purposes, in order to qualify this space to be used as part of the hospital again. The rehabilitation works will include fixing the water and sewage network, fixing tiles, windows, doors, and necessary painting and furniture works.

Ruweished Hospital

The Ruweished public hospital in the Mafraq governorate is linked to a health centre that serves as the emergency department. The building housing the emergency department is dilapidated and too small to address the health needs. The hospital has in total only 21 beds to serve 20,000 people, of whom 40% are Syrian refugees. Until the closure of the north-eastern border, this hospital served as the only referral hospital to asylum seekers in need of emergency services in the area. Despite the low number of inhabitants in 2015, the emergency department registered 17,887 visits to the emergency department in 2015, of which 5,312 were by Syrians because it is the only hospital within 200 km. A substantial increase in these numbers is foreseen with the re-opening of the border which can take effect at any moment in time. The hospital also serves a significant number of soldiers in the nearby base. Cases entering the hospital include mostly very severe conditions, such as those wounded while crossing the border.

Currently, ICRC has deployed an emergency mobile unit in the form of a container with extra beds which is mobilised on ad hoc basis and only under the surveillance of ICRC staff. The ICRC has also expressed the intention in the short term to re-organise the work of the emergency unit, and provide basic equipment for short term necessity while waiting for the expansion and upgrading to be implemented and completed.

The proposed works will include the design, construction and equipment of a new emergency building in a separate location near the existing hospital. There are available plots of lands and the location of the new emergency building will be chosen carefully to fulfil the needs of the Ruweished local inhabitants, and Syrian refugees living in the surrounding communities, including those close to the border.

As for the external works, these will include parking, pathways, infrastructure networks, PV system, solar water heaters, and a wastewater compact treatment unit. The rehabilitation will include fixing water and sewage networks, electrical networks, removing the existing tiles and installing new tiles, removing the existing doors and windows and installing new ones, painting and other needed works.

Result 2: MoH is better equipped to provide effective and efficient emergency healthcare services to people requiring emergency treatment and referral services.

MoH will be provided with three fully equipped ambulances to complete the emergency departments of the three public facilities identified in the intervention (Ruwisehd, Al Tutunji and Ramtha) and to provide safe transportation of patients while also ensuring provision of necessary lifesaving emergency medical support needed on the way to hospital/ healthcare facility. This result will contribute to Resilience PSS 2.7 of the JRP 2017-2019 Health sector.

To fully meet emergency calls and paramedic attention, these ambulances would work in parallel to Civil Defence Department (CDD). CDD transports cases to hospitals within its coverage areas, but does not transfer hospital patients in need of specialised medical treatment to another hospital as the CDD vehicles are not equipped for this task. The proposed ambulances would be properly equipped for such medical and emergency cases. The ambulances will not only provide critical health transportation, but will also, improve the efficiency and reach of health-care services to local communities.

The proposed timeframe for the project is 46 months. The implementation of activities under the two results is 34 months, including time for construction, rehabilitation, procurement, delivery/installation, and handover of facilities, ambulances and equipment. The following 12 months will cover the Defects Notification Period (DNP). Details are as follows:

- 8-10 months for design and design review, tender preparation and evaluation;
- 24 months for construction and rehabilitation works for each hospital;
- 4 months for the identification of medical equipment (in parallel with the assessment of rehabilitation work)
- 6 months for external works, PV system and water treatment and reuse units (in parallel with construction works);
- 12-15 months for procurement and installation of furniture and medical equipment
- 3 months for training (in parallel with /rehabilitation works and procurement).
- 3 - 5 months for procurement of ambulances;
- 12 months for Defects Notification Period (after completion of rehabilitation works)

To fulfil the Jordanian construction law requirements, a maintenance and defect notification liability for 12 months will follow the construction and procurement activities.

As per the specification in procurement tenders, training will be provided to all relevant MoH/ hospital personnel on the use of new equipment acquired under the project.

All works and equipment will be negotiated and confirmed based on needs and technical specifications and agreed by technical committees called by the implementing agency. The participation at the technical committee will include the main stakeholders.

3.3. Risks and assumptions

Risks	Risk level (H/M/L)	Mitigating measures
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Given the location of Ruweished hospital close to the berm, any deterioration in security situation may hinder the work force to perform causing delays in project implementation.	M	UNOPS will monitor as well as liaise with relevant authorities to be abreast of security related issues and adjust the implementation plans accordingly to mitigate any risks.
Because of unavailability of detailed specifications from MoH, the start of the project could be delayed, causing an overall delay.	L	UNOPS will establish a close working relationship and a coordination mechanism with the MoH and will conduct several meetings and site visits with MoH to ensure proper and accurate collection of their requirements and will keep MOH fully involved throughout the project implementation.
Since the project entails construction sub-contracts, as well as procurement of equipment locally and/ or internationally, the supply of construction materials and/ or delivery of equipment could cause delays.	L	To ensure speedy provision of materials and/ or equipment for the proposed facilities, UNOPS intends to start preliminary consultations on the materials, supplies, and equipment needed, market availability, pricing and delivery, in order to ensure a cost effective and efficient purchasing process. In addition, UNOPS has considered contingencies when estimating the duration of the Project. UNOPS will also continuously supervise and monitor the contractor(s) during implementation to ensure the Project is on track and will take all necessary measures to mitigate any potential delays.

The assumptions for the success of the project and its implementation include:

- High level of commitment amongst the institutional stakeholders to ensure successful implementation of the project.
- Availability and ownership of land by MoH in targeted areas is confirmed.
- The healthcare facilities to be expanded, upgraded and/or rehabilitated and their respective needs are identified following MoH accurate data and planning, taking into consideration other donor interventions in the meanwhile.
- MoH will be responsible for providing staff and resources to absorb future running costs and salaries to run the emergency departments. To confirm this commitment, Mopic has sent a letter to the EUD Jordan (dated 19.03.2017 - ref No 5/2/42/2942) reaffirming that *MOH is committed to provide staff and running costs for the said (title) project as part of the sustainability process, nothing that the funding has not been requested to other donors'.*

Mitigating measures have been considered, including coordination between MoH and the implementing partners.

3.4. Cross-cutting issues

The identified needs have been drawn up taking into consideration all sectors of society, men and women of all ages, youth as well as persons with disabilities in addition to ensuring equal treatment and coverage to Jordanians as well as Syrians alike. Moreover, the project will factor in considerations for gender, environment, WASH, and disabilities working on preventing barriers that prevents from full participation.

The project takes into account gender concerns given that over 50 % of the refugee population in Jordan is composed of women. The project will take into consideration the gender specific guidelines, tools and dimensions (such as the gender marker) agreed upon by UN agencies,

NGOs, and national authorities.

The project will take a gender responsive approach, by first identifying and acknowledging the gender specific needs and articulating the construction and procurement accordingly. Finally, the project will also contribute to SDG 5 (“Achieve gender equality and empower all women and girls”) by providing increased access to healthcare, including reproductive health.

3.5. Stakeholders

The following stakeholders have been identified as being positively affected by the action:

- **Syrian refugee communities and Jordanian hosting communities**

These are considered to be the first and main priority stakeholders. It is considered that providing for “**proper healthcare facilities**” to both refugees and hosting communities within each community or neighbouring communities will have a positive impact on the overall population “health” thus resulting in better health outcomes, and a decrease in hospitalization and use of emergency department visits as well as reduce the negative impact of poor economic conditions on health and strains within communities.

- **MoH and UNOPS will be implementing partners** via the support of Ministry of Planning and International Cooperation. At the project implementation level, the Planning Administration Teams at Directorate levels as well as the relevant management and administration teams of the three hospitals will be included for regular coordination and updates on the activities.
- **The World Health Organisation - WHO as the UN mandated agency on Health,** with technical expertise and know-how will provide advice and guidance to ensure procurement of emergency medical equipment is relevant and suitable to the needs of the three hospitals and their catchment areas in accordance with global health standards and protocols. The role of WHO will be consultative only.
- During design and construction phase, UNOPS and MoH will liaise with Ministry of Public Works to coordinate the designs of the emergency departments.

No negatively impacted stakeholders have been identified as a result of this action.

4. IMPLEMENTATION ISSUES

4.1. Financing agreement, if relevant

In order to implement this action, it is not foreseen to conclude a Financing Agreement with partner countries, as referred to in Article 184(2)(b) of Regulation (EU, Euratom) No 966/2012.

4.2. Indicative operational implementation period

The indicative operational implementation period of this action, during which the activities described in section 3.2 will be carried out is from the adoption of this Action Document by the Operational Board until 14 December 2023.

Any postponement of the expiry date of the Trust Fund, currently set at 14 December 2020, shall automatically postpone the indicative implementation end date of this action by an equivalent

additional period

4.3. Implementation components and modules

This action will be implemented through indirect management (Delegation Agreement) with UNOPS in accordance with Article (58(1)(c) of Regulation (EU, Euratom) No 966/2012.

This implementation is justified in view of the previous experience of UNOPS in the country to provide specialised technical assistance - also to the MoH - for the procurement of medical equipment and the construction of facilities. UNOPS will strictly coordinate with key stakeholders and relevant national partners. Over the past two years, UNOPS globally managed the construction, design or rehabilitation of 39 hospitals and 109 health clinics, conducted assessments of 75 health facilities in advance of infrastructure upgrades for the next phase of the project, and will be conducting an audit of 150 more in an effort to provide them with sustainable energy solutions. As part of humanitarian relief efforts in the Middle East, UNOPS procured and distributed over 20 ambulances equipped with specialized paramedic equipment to help increase internally displaced persons' access to emergency health-care services.

4.3.1 Maximum rate of co-financing

The maximum possible rate of co-financing for the grants is 80% of the total eligible costs of the Action.

If full financing is essential for the Action to be carried out, the maximum possible rate of cofinancing may be increased up to 100%. If full funding is essential, the applicant has to provide adequate justification to be accepted by Manager, in respect of the principles of equal treatment and sound financial management.

4.4. Indicative budget

The estimated costs required to achieve the stated results are as follows, including support costs such as support staff, administrative costs, transport and operational costs, communications and visibility.

Indicative budget	Budget in EUR
Delegation agreement with UNOPS	11,500,000.00
Total	11,500,000.00

4.5. Performance monitoring

Monitoring shall be ensured primarily through EU Delegations in-country and in particular with the assistance of specific Trust Fund field & liaison officers posted within the EU Delegations. In addition, the EU Trust Fund is planning to launch an independent M&E exercise to accompany all Fund programmes and ensure that targets are met and lessons learnt can be incorporated into other EUTF actions.

The purpose of the Madad EUTF Monitoring and Evaluation Framework would be to assess, across various levels, the degree to which the Overall Objective of the Trust Fund has been achieved.

Partners implementing this Action will comply with the ad hoc Monitoring and Evaluation Framework developed for the Madad Fund as well as with the reporting requirements and tools being developed by the EU Trust Fund. In fact, a quarterly report will be requested to the implementing partners as per Madad standard monitoring operations.

The monitoring and evaluation exercises mentioned above will represent milestones in the implementation of the activities. These regular assessments will constitute a basis for a possible decision of suspension or revision of activities, should the conditions on the ground not allow for their proper implementation. For this particular intervention, engineering monitoring will be allocated regularly as external independent monitoring to the construction sites.

Additionally, UNOPS will report the progress of the project in the Jordan Response Information Management System for the Syria Crisis (JORISS), the nationally-developed aid information and project tracking system on which aid coordination for the Syria crisis will continue to be based.

4.6. Evaluation and audit

The Madad Fund and actions financed by it are subject to the monitoring and evaluation rules applicable to EU external programmes, in order to ensure the respect of the principles of economy, efficiency and effectiveness, as per Article 13 of the Agreement Establishing the Madad Fund.

The financial transactions and financial statements shall be subject to the internal and external auditing procedures laid down in UNOPS financial regulations, rules and directives. As necessary desk reviews and on-the-spot checks on the use made of the EU contribution on the basis of supporting accounting documents and any other document related to the financing of the Action can be conducted. Verification assignments could be contracted by the European Commission for one or several contracts or agreements. Verification assignments will be carried out in conformity with the risk analysis conducted by the European Commission. Evaluation and verification assignments will be implemented through service contracts; making use of one of the Commission's dedicated framework contracts or alternatively through the competitive negotiated procedure or the single tender procedure.

If necessary, the European Commission may conduct a verification of the action in accordance with the verification clause of the UN-EU Financial and Administrative Framework Agreement (FAFA).

4.7. Communication and visibility

While communication and visibility of the EU is a legal obligation for all external actions funded by the EU, to date the visibility of the EU's support to the Syrian crisis, in particular in neighbouring countries affected by the crisis, has been insufficient. The public perception is that the EU is not addressing the Syrian crisis, when in fact it is the largest donor. The lack of visibility to the EU's actions weakens the EU's political traction in the region and its standing in Europe.

Therefore, communication and visibility is an important part of all Madad Fund programmes factored into the implementation in order to underline its importance at all stages of the planning and implementation of the Programme.

All visibility actions by Madad Fund implementing partners outside areas of conflict should be stepped up. Each implementer will have to draw up a comprehensive visibility and communication plan for their respective target country/community and submit a copy for approval to the Madad Fund and relevant EU Delegation. The related costs will be covered by the budgets of the contract as part of the project.

The measures shall be implemented by the implementing consortium, its contractors, and/or its grant beneficiaries. Appropriate contractual obligations shall be included in, respectively, procurement and grant contracts.

The Communication and Visibility Manual for European Union External Action together with specific requirements to highlight the Madad Fund shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.